

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **7232**

FILED MAR 14 1949

BIRTH NO. _____		REG. DIST. NO. <b>371</b>		PRIMARY REG. DIST. NO. <b>6262</b>		Registrar's No. <b>9</b>	
1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>WEBSTER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>WEST DALLAS</b>		c. LENGTH OF STAY (In this place) <b>2 yr.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL WEST DALLAS</b>		<b>112</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>				d. STREET ADDRESS (If rural, give location) <b>RURAL</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARENCE</b> b. (Middle) <b>BEN</b> c. (Last) <b>LINDSEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 7, 1949</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>OCT 4, 1886</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ALBERT LINDSEY</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF <del>MARRIED</del> OR WIFE <b>SUE L.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lucie Lindsey</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Natural cause</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>795</b>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>WEST DALLAS, WEBSTER Mo.,</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>7:30 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>R. K. Kelley</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>FORALANA, Mo.</b>		23c. DATE SIGNED <b>3-9-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>FEB. 9, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Panther Valley</b>		24d. LOCATION (City, town, or county) (State) <b>ROGERSVILLE, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-9-49</b>		REGISTRAR'S SIGNATURE <b>Lester M. Good</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kelley-Tirrell-Rugman</b> ADDRESS <b>Rogersville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 18 1949

MAR 14 1949

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed

*H. H. Kelley*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3334*

P. O. Address *Hardland mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.